

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 108600001 | | CITY OR TOWN | SCITUATI | L |
|---------------------|-------------------------|--|--------------------|-------------------|------------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME | : MILDI INC. | | | | |
| DOING BUSINESS | S A BARKER TAV | ERN | | | |
| ADDRESS 21 BAR | KER RD. | | | | |
| CITY/TOWN: SC | ITUATE | STATE: MA | ZIP CODE: | 02066 | |
| MANAGER: IOR ELL | | PE OF LICENSE: Rest | taurant C | CATEGORY: | All Alcohol |
| EMAIL ADDRESS | : | | | | |
| | PLEASE ALSO VISIT OUR V | WEBSITE AND ENTER YOUR EM | AIL ADDRESS | | _ |
| DESCRIPTION OF | F LICENSED PREM | ISES: | | | |
| | AND EXIT FACING | | | | |
| - | swear under penaltie | | | | |
| | | f the same type for the s | • | | |
| | • | th all laws of the Comm | _ | to taxes; and | |
| 3. the prem | ises are now open fo | or business (If not explain | in below) | | |
| | | | | | |
| SIGNED BY: | | | 0.65 | | |
| | Individual, Partne | er or Authorized Corpor | rate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHO | NE NUMBER: | | R IDENTIFICAT | |
| | | | (Note: NOT In | dividual Social S | Security Number) |
| Acts of 2004, signe | ed by the building in | re in possession (1) the nspector and the head | of the fire depart | tment for the | above named |
| license and (2) the | certificate of liquo | r liability insurance re | equired by Chapto | er 116 of the . | Acts of 2010. |
| Please Check Below: | | | LOCAL LICEN | SING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | loin) | | | | |
| (If disapproved exp | 1a111) | | | | |
| | | | | | |
| DATE: | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 108600003 | | CITY OR TOWN SCITUATE | |
|---|--------------------------|---|-----|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2013 | |
| | CLASS | YEAR | |
| LICENSEE NAME: NANA ENTERPR | ISES LLC | | |
| DOING BUSINESS A THE RIVER CL | UB | | |
| ADDRESS 78 BORDER ST. | | | |
| CITY/TOWN: SCITUATE | STATE: MA | ZIP CODE: 02066 | |
| MANAGER: LAZARIS,KIKI TYL ANGL | PE OF LICENSE:Res | staurant CATEGORY: All Alcoh | ıol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EM | MAIL ADDRESS | |
| DESCRIPTION OF LICENSED PREMI | SES: | | |
| ONE FLOOR; 5 ENTRANCES/EXITS, I LOUNGE,BAR/LOUNGE, OUTDOOR I BASEMENT FOR BOILER & STORAG | PORCH,BRIDAL SU | | |
| I hereby certify and swear under penalties | of perjury that: | | |
| 1. the renewed license will be of | the same type for the | same premises now licensed; | |
| 2. the licensee has complied with | all laws of the Comn | nonwealth relating to taxes; and | |
| 3. the premises are now open for | business (If not expla | ain below) | |
| SIGNED BY: Individual, Partner | or Authorized Corpo | orate Officer | |
| | | | |
| DATE: TELEPHON | IE NUMBER: | EMPLOYER IDENTIFICATION NUMBI (Note: NOT Individual Social Security Numb | |
| Acts of 2004, signed by the building in | spector and the head | e certificate required by Chapter 304 of t d of the fire department for the above nar required by Chapter 116 of the Acts of 20 | ned |
| Please Check Below: | | LOCAL LICENSING AUTHORITY | |
| APPROVED: | | By: | |
| DISAPPROVED: (If disapproved explain) | | | |
| (II disappioved explain) | | | |
| | | | |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 108600004 | | CITY OR TOWN | SCITUATE | |
|---|----------------------------|--------------------------|----------------|-------------|
| APPLICATION FOR RENEWAL: | Annual | LICENS | SED FOR 20 | 13 |
| | CLASS | | , | YEAR |
| LICENSEE NAME: SATUIT POST | #3169 V.F.W. INC. | | | |
| DOING BUSINESS A | | | | |
| ADDRESS CH.JSTC.CUSHING HG | WY | | | |
| CITY/TOWN: SCITUATE | STATE: MA | ZIP CODE: | 02066 | |
| MANAGER: YOUNG, BRIAN R | ΓΥΡΕ OF LICENSE: Veto | erans club CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| DESCRIPTION OF LICENSED PRE ONE FLOOR AND CELLAR; FIRST STORAGE. | | | CELLAR FO | R |
| I hereby certify and swear under penal 1. the renewed license will be | e of the same type for the | | | |
| 2. the licensee has complied v | | · · | taxes; and | |
| 3. the premises are now open | for business (If not expla | in below) | | |
| SIGNED BY: Individual, Part | tner or Authorized Corpor | rate Officer | | |
| DATE: TELEPH | ONE NUMBER: | EMPLOYER (Note: NOT Indi | IDENTIFICATI | |
| We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liqu | g inspector and the head | of the fire departm | nent for the a | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | ING AUTHC | PRITY |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | K: 1086000005 | | CITY OR TOWN | SCITUATE | 2 |
|---------------------------------|----------------------|--|-----------------------|--------------------|-----------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | ISED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | P.J.'S COUNTI | RY HOUSE INC. | | | |
| DOING BUSINESS | A | | | | |
| ADDRESS 227 CH | F.JUSTICE HWY | | | | |
| CITY/TOWN: SCI | TUATE | STATE: MA | ZIP CODE: | 02066 | |
| | RIEN, OFFREY P. | TYPE OF LICENSE: | Restaurant C. | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | : | | | | |
| | PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | - | |
| DESCRIPTION OF | LICENSED PRE | MISES: | | | |
| TWO FLOORS: FIROOFFICE, RESTROO | | REE DINING ROOMS RAGE CELLAR. | S, BAR, KITCHEN. S | ECOND FLC | OOR: |
| I hereby certify and | swear under penal | lties of perjury that: | | | |
| 1. the renev | ved license will be | e of the same type for the | he same premises now | licensed; | |
| 2. the licens | see has complied | with all laws of the Cor | nmonwealth relating t | to taxes; and | |
| 3. the premi | ises are now open | for business (If not ex | plain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| 2101,22 21. | Individual, Par | tner or Authorized Cor | porate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPH | IONE NUMBER: | EMPLOYE | R IDENTIFICAT | ION NUMBER: |
| | 122211 | ion Enterniber | (Note: NOT Inc | dividual Social So | ecurity Number) |
| Acts of 2004, signe | d by the building | are in possession (1) g inspector and the he uor liability insurance | ad of the fire depart | ment for the | above named |
| Please Check Below: | | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expl | aın) | | | | |
| | | | | | |
| DATE: | | | | | |
| APPLICATION FOR RENE | WAL MUST BE FILED | BY LICENSEES DURING THE | MONTH OF NOVEMBER (N | | 5A) |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | C: 108600007 | | CI | IY OK TOW | N SCITUATI | L |
|--|-------------------|--|----------|-----------------|----------------|-------------|
| APPLICATION FOR | R RENEWAL: | Annual | | LICE | ENSED FOR 20 | 013 |
| | | CLASS | | | | YEAR |
| LICENSEE NAME: DOING BUSINESS ADDRESS 91 DRIF | A | UNTRY CLUB INC | C. | | | |
| CITY/TOWN: SCI | | STATE: N | ſΑ | ZIP CODE: | 02066 | |
| MANAGER: KEL | | YPE OF LICENSE | :Club | | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | R WEBSITE AND ENTER YO | | | | |
| DESCRIPTION OF | LICENSED PREI | MISES: | | | | |
| FIRST FLOOR LOU DECK; SECOND FI | | | | | | ENED |
| 2. the licens | ee has complied w | of the same type for vith all laws of the C for business (If not e | ommon | wealth relating | | |
| SIGNED BY: | Individual, Part | ner or Authorized C | orporate | e Officer | | |
| DATE: | TELEPH | ONE NUMBER: | | | ER IDENTIFICAT | |
| We the undersigned Acts of 2004, signed license and (2) the | d by the building | inspector and the l | head of | the fire depa | rtment for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | nin) | | | OCAL LICE | NSING AUTH | ORITY |
| DATE: | | | <u>-</u> | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | CR: 108600009 | | CITY OR TOWN SCITUAT | Е |
|---------------------------------|----------------------------------|--------------------------|---|---------------|
| APPLICATION FO | OR RENEWAL: | Annual | LICENSED FOR 2 | 013 |
| | | CLASS | | YEAR |
| LICENSEE NAME | : S.C.W. CORPORA | ATION | | |
| DOING BUSINESS | S A MILL WHARF I | REST. | | |
| ADDRESS 23 MIL | L WHARF PLAZA | | | |
| CITY/TOWN: SC | ITUATE | STATE: MA | ZIP CODE: 02066 | |
| MANAGER: HIL JR | L, J. STEPHAN TY | PE OF LICENSE: Res | taurant CATEGORY: | All Alcohol |
| EMAIL ADDRESS | : | | | |
| | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EM | AIL ADDRESS | |
| DESCRIPTION OF | F LICENSED PREMI | SES: | | |
| VESTIBULE ON S LOCATED ON EA | OUTHERLY SIDE, STERLY AND NOR | DINING AREA EXT | F 1 ROOM, ENTRANCE OFF ENDED TO PORCH & DECK D FL; ONE ROOM & COCKT FLOOR LEFT. | AREA |
| I hereby certify and | swear under penaltie | s of perjury that: | | |
| | | • 1 | same premises now licensed; | |
| | - | | nonwealth relating to taxes; and | |
| 3. the prem | uses are now open for | business (If not expla | in below) | |
| SIGNED BY: | Individual, Partne | r or Authorized Corpo | rate Officer | |
| | | | | |
| DATE: | TELEPHON | NE NUMBER: | EMPLOYER IDENTIFICA (Note: NOT Individual Social | |
| Acts of 2004, signe | ed by the building in | spector and the head | certificate required by Chap of the fire department for the equired by Chapter 116 of the | e above named |
| Please Check Below: | | | LOCAL LICENSING AUTH | IORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: | Loin) | | | |
| (If disapproved exp | 1a111 <i>)</i> | | | |
| | | | | |
| DATE: | | | | |
| | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUM | IBER: 108600012 | | CITY OR TOWN | SCITUATE | |
|------------------------------|--------------------------|--|------------------------|--|----|
| APPLICATION | FOR RENEWAL: | Annual | LICENS | SED FOR 2013 | |
| | | CLASS | | YEAR | |
| LICENSEE NA | ME: MCCOLSKI, I | NCORPORATED | | | |
| DOING BUSIN | ESS A T.K. O'MALI | LEY'S SPORTS CAFE | | | |
| ADDRESS 192 | -94 FRONT ST. | | | | |
| CITY/TOWN: | SCITUATE | STATE: MA | ZIP CODE: | 02066 | |
| | MCMILLAN, CHRISTOPHER | TYPE OF LICENSE: Re | estaurant CA | ATEGORY: All Alcoho | ol |
| EMAIL ADDRI | ESS: | | | | |
| | PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | |
| | OF LICENSED PRE | | | | |
| THREE ROOM REAR. | S FIRST FLOOR, OU | UTDOOR PATIO. A KI | TCHEN AND STOR | E ROOM IN THE | |
| I hereby certify | and swear under pena | lties of perjury that: | | | |
| 1. the re | enewed license will be | e of the same type for the | e same premises now | licensed; | |
| 2. the li | censee has complied | with all laws of the Com | monwealth relating to | taxes; and | |
| 3. the p | remises are now open | for business (If not exp | lain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Par | tner or Authorized Corp | orate Officer | | |
| | | | | | |
| DATE | | | | | |
| DATE: | TELEPH | HONE NUMBER: | | IDENTIFICATION NUMBE vidual Social Security Number | |
| | | | (1000. <u>1101</u> mul | vidual Social Security (vulloc | л) |
| | | are in possession (1) th | | | |
| | | g inspector and the hea uor liability insurance | | | |
| | _ | aor naomic mearance | | | • |
| Please Check Below APPROVED: | <u>v.</u> | | By: | ING AUTHORITY | |
| DISAPPROVE | D: | | Бу. | | |
| (If disapproved | explain) | | | | |
| | | | | | |
| DATE: | | | | | |
| | | | | | |
| APPLICATION FOR I | RENEWAL MUST BE FILED | BY LICENSEES DURING THE N | 4ON TH OF NOVEMBER (Μ. | G.L. Ch. 138 \$ 16A) | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 108600013 | | CITY OR TOWN | SCITUATI | E |
|-------------------------|---------------------|---|--------------------|--------------------|------------------|
| APPLICATION FOR | RENEWAL: | Annual | LICEN | NSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | PEBBLE BEAC | H INC. | | | |
| DOING BUSINESS A | GANNETT GI | RILL | | | |
| ADDRESS 358-60 GA | NNETT RD. | | | | |
| CITY/TOWN: SCITU | JATE | STATE: MA | ZIP CODE: | 02066 | |
| MANAGER: constar | ntine, sandra T | YPE OF LICENSE:Re | staurant C | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| PL | EASE ALSO VISIT OUF | R WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF LI | CENSED PREM | MISES: | | | |
| ONE FLOOR, TWO L | EVELS, UPSTA | AIRS STORAGE ROO | MS AND OFFICE. | | |
| I hereby certify and sw | ear under penalt | ies of perjury that: | | | |
| 1. the renewed | l license will be | of the same type for the | same premises nov | w licensed; | |
| 2. the licensee | has complied w | rith all laws of the Com | monwealth relating | to taxes; and | |
| 3. the premise | s are now open f | For business (If not expl | ain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Partı | ner or Authorized Corp | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHO | ONE NUMBER: | EMPLOYE | ER IDENTIFICAT | ΓΙΟΝ NUMBER: |
| | 1222111 | 21 (21 (CI/ID2I | (Note: NOT In | ndividual Social S | Security Number) |
| | | | | | |
| | | re in possession (1) the inspector and the head | | | |
| | | or liability insurance i | | | |
| Please Check Below: | | | LOCAL LICEN | SING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved explain | 1) | | | | |
| | | | - | | |
| D. A. ITIE | | | | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NU | MBER: 108600016 | C | CITY OR TOWN SCITUATE |
|------------------------|----------------------------|---------------------------------|--|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR 2013 |
| | | CLASS | YEAR |
| LICENSEE N | AME: HATHERLY | GOLF CLUB,INC | |
| DOING BUSI | NESS A | | |
| ADDRESS H | ATHERLY RD. | | |
| CITY/TOWN: | : SCITUATE | STATE: MA | ZIP CODE: 02066 |
| MANAGER: | TREMBLAY, ROBERT G. JR. | TYPE OF LICENSE: Club | CATEGORY: All Alcohol |
| EMAIL ADDI | RESS: | | |
| | PLEASE ALSO VISIT (| OUR WEBSITE AND ENTER YOUR EMAI | IL ADDRESS |
| - | N OF LICENSED PR | | |
| TWO FLOOR AND PORCH | | R STORAGE, SECOND FLO | OOR- LOUNGE, DINING ROOM |
| I hereby certify | y and swear under pen | alties of perjury that: | |
| 1. the | renewed license will b | be of the same type for the sa | me premises now licensed; |
| 2. the | licensee has complied | with all laws of the Common | nwealth relating to taxes; and |
| 3. the | premises are now ope | n for business (If not explain | below) |
| | | | |
| SIGNED BY: | : | | |
| | Individual, Pa | artner or Authorized Corpora | te Officer |
| | | | |
| | | | |
| DATE: | TELEP | HONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: |
| | | | (Note: <u>NOT</u> Individual Social Security Number) |
| Acts of 2004, | signed by the buildir | ng inspector and the head o | rertificate required by Chapter 304 of the fire department for the above named uired by Chapter 116 of the Acts of 2010. |
| Please Check Bel | | | LOCAL LICENSING AUTHORITY |
| APPROVED: | | | By: |
| DISAPPROV | | | |
| (If disapprove | d explain) | | |
| | | | |
| DATE: | | | |
| APPLICATION FOI | R RENEWAL MUST BE FILEI | BY LICENSEES DURING THE MON | TH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A) |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMI | BER: 108600018 | | CITY OR TOWN | SCITUATE | E |
|-------------------------------|----------------------|---|----------------------|--------------------|-----------------|
| APPLICATION | FOR RENEWAL: | Annual | LICEN | ISED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAM | ME: SCITUATE HA | ARBOR YACHT CLUB | | | |
| DOING BUSINE | ESS A | | | | |
| ADDRESS 84 JE | ERICHO RD. | | | | |
| CITY/TOWN: S | SCITUATE | STATE: MA | ZIP CODE: | 02066 | |
| | EENEY, IMOTHY | ΓΥΡΕ OF LICENSE:Cl | ub C | ATEGORY: | All Alcohol |
| EMAIL ADDRE | SS: | | | | |
| | PLEASE ALSO VISIT OU | JR WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | L |
| | OF LICENSED PRE | MISES: | | | |
| CLUBHOUSE (C | ONE FLOOR) | | | | |
| I hereby certify a | nd swear under penal | Ities of perjury that: | | | |
| | | e of the same type for the | = | | |
| | = | with all laws of the Com | _ | to taxes; and | |
| 3. the pro | emises are now open | for business (If not expl | ain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Par | tner or Authorized Corp | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPH | ONE NUMBER: | | R IDENTIFICAT | |
| | | | (Note: NOT In | dividual Social Se | ecurity Number) |
| Acts of 2004, sig | gned by the building | are in possession (1) the ginspector and the head or liability insurance in | d of the fire depart | ment for the | above named |
| | _ | ioi nabinty msurance i | | | |
| Please Check Below: APPROVED: | <u>:</u> | | LOCAL LICENS | SING AUTHO | ORITY |
| DISAPPROVED. | <u> </u> | | By: | | |
| (If disapproved ex | | | | | |
| . 11 | 1 | | | | |
| | | | | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 108600020 |) | CITY OR TOWN | SCITUATE |
|---|---|------------------|--|
| APPLICATION FOR RENEWAL | L: Annual | LICEN | SED FOR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: REYNOLD | OS PKG STORE,INC | | |
| DOING BUSINESS A | | | |
| ADDRESS 42 COUNTRY WAY | • | | |
| CITY/TOWN: SCITUATE | STATE: MA | ZIP CODE: | 02066 |
| MANAGER: REYNOLDS, CHARLES F | TYPE OF LICENSE: Pa | ckage Store CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VIS | SIT OUR WEBSITE AND ENTER YOUR F | EMAIL ADDRESS | |
| DESCRIPTION OF LICENSED | PREMISES: | | |
| ONE LARGE FRONT ROOM FO STORAGE, ONE REAR DOOR | | STORAGE, SIDE RO | OOM FOR |
| 3. the premises are now of SIGNED BY: | ppen for business (If not exponent or Authorized Corp | lain below) | o taxes; and |
| | | | |
| DATE: TEL | EPHONE NUMBER: | | R IDENTIFICATION NUMBER: ividual Social Security Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | ING AUTHORITY |
| DATE: | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 10860 |)0022 | | CITY OR TOWN | SCITUATI | Ε |
|---|----------------------|---------------------|-----------------------|------------------|-----------------|
| APPLICATION FOR RENE | EWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: LIGH DOING BUSINESS A HAI | | | | | |
| ADDRESS 109 FRONT ST | REET | | | | |
| CITY/TOWN: SCITUATE | | STATE: MA | ZIP CODE: | 02066 | |
| MANAGER: DONOVAN E. | , PAUL TYPE (| OF LICENSE: Pa | ckage Store CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | - | | | | 1 |
| PLEASE A | LSO VISIT OUR WEBSIT | TE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF LICEN | SED PREMISES | : | | | |
| FIRST FLOOR-ONE ROOM | M FOR STORAG | SE AND SELLIN | IG. | | |
| I hereby certify and swear un | nder penalties of | perjury that: | | | |
| 1. the renewed licer | ise will be of the | same type for the | e same premises now | licensed; | |
| 2. the licensee has c | complied with all | laws of the Com | monwealth relating to | taxes; and | |
| 3. the premises are | now open for bus | siness (If not exp | lain below) | | |
| | | | | | |
| SIGNED BY: | idual, Partner or | Authorized Corp | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHONE N | NUMBER: | | | TION NUMBER: |
| | | | (Note: NOT Ind | ividual Social S | ecurity Number) |
| | | | | | |
| Please Check Below: APPROVED: | | | LOCAL LICENS | ING AUTHO | ORITY |
| DISAPPROVED: | | | By: | | |
| (If disapproved explain) | | | | | |
| (11 disapproved explain) | | | | | |
| | | | | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 108600023 | | CITY OR TOWN | SCITUATI | Е |
|--|---------------------------|-------------------|-----------------------|--------------------|------------------|
| APPLICATION FOR | RENEWAL: | Annual | LICE | NSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS A ADDRESS 184 FROM | | ORE,INC | | | |
| CITY/TOWN: SCIT | | STATE: N | IA ZIP CODE: | 02066 | |
| MANAGER: BAILE | | | | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | LEASE ALSO VISIT OUR WEBS | | | | |
| DESCRIPTION OF L | | | | | |
| THREE ENTRANCES SALES, THREE ROC | | | | | |
| I hereby certify and sw | ear under penalties o | f perjury that: | | | |
| 1. the renewed | d license will be of the | e same type for | the same premises nov | w licensed; | |
| 2. the licensee | e has complied with a | ll laws of the C | ommonwealth relating | to taxes; and | |
| 3. the premise | es are now open for bu | usiness (If not e | explain below) | | |
| | | | | | |
| SIGNED BY: | Individual, Partner o | r Authorized Co | orporate Officer | | |
| | | | | | |
| DATE: | TELEPHONE | NUMBER: | EMPLOYI | ER IDENTIFICAT | ΓΙΟΝ NUMBER: |
| | 12221110112 | 1,01,1221 | (Note: NOT In | ndividual Social S | Security Number) |
| | | | | | |
| Please Check Below: | | | LOCAL LICEN | SING AUTH | ORITY |
| APPROVED: | _ | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved explain | n) | | | | |
| | | | | | |
| DATE: | | | | | |



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 108600029 | | CITY OR TO | WN SCITUAT | E |
|---|--|--------------------|------------------|---|-------------|
| APPLICATION FOR | RENEWAL: | Annual | LIC | CENSED FOR 2 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | TAMBTC INC. | | | | |
| DOING BUSINESS A | FRONT STREET GO | URMET WINE | & SPIRITS | | |
| ADDRESS 121 FROM | NT ST | | | | |
| CITY/TOWN: SCIT | UATE | STATE: MA | ZIP CODE | E: 02066 | |
| MANAGER: MART | | F LICENSE: Pa | ckage Store | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| P | LEASE ALSO VISIT OUR WEBSIT | E AND ENTER YOUR E | MAIL ADDRESS | | |
| | ICENSED PREMISES: | | | | |
| | I, ONE STORAGE ROO ND SIDE ENTRANCE | OM, ONE WAL | K IN REFRIGE | RATION UNIT, | ONE |
| 3. the premise SIGNED BY: | es are now open for busi | | | | |
| | | | | | |
| DATE: | TELEPHONE N | UMBER: | | OYER IDENTIFICA' Γ Individual Social S | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai | | | LOCAL LIC By: | ENSING AUTH | ORITY |
| DATE: | <i>,</i> | | | | |



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 108600030 | CI | TY OR TOWN | SCITUATE | 3 |
|--|--|---|--|---|
| APPLICATION FOR RENEWAL: | Annual | LICENS | SED FOR 20 | 013 |
| | CLASS | | | YEAR |
| LICENSEE NAME: COSMOS CAFFE, L | LC | | | |
| DOING BUSINESS A COSMO'S CAFFE | | | | |
| ADDRESS 333 GANNETT ROAD | | | | |
| CITY/TOWN: SCITUATE | STATE: MA | ZIP CODE: | 02066 | |
| MANAGER: SADEK, MICKEY TYPE | OF LICENSE:Restau | rant CA | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISIT OUR WEBS | SITE AND ENTER YOUR EMAIL | ADDRESS | | _ |
| DESCRIPTION OF LICENSED PREMISE | | | | |
| FIRST FLOOR OF TWO STORY, WOOD | | AREA APPROX | a. 2200 S/F. | |
| I hereby certify and swear under penalties of | | | | |
| 1. the renewed license will be of the | • 1 | | | |
| 2. the licensee has complied with al | | _ | taxes; and | |
| 3. the premises are now open for bu | isiness (If not explain l | nelow) | | |
| = * | | 3010 W) | | |
| - | one of the second secon | | | |
| SIGNED BY: | | | | |
| SIGNED BY: | · Authorized Corporate | | | |
| SIGNED BY: | | | | |
| SIGNED BY: Individual, Partner or | Authorized Corporate | e Officer | | |
| SIGNED BY: | Authorized Corporate | e Officer EMPLOYER | | TION NUMBER: |
| SIGNED BY: Individual, Partner or | Authorized Corporate | e Officer | | |
| SIGNED BY: Individual, Partner or | NUMBER: a possession (1) the ceector and the head of | EMPLOYER (Note: NOT Ind | vidual Social So | er 304 of the above named |
| SIGNED BY: Individual, Partner or DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspec | NUMBER: a possession (1) the cector and the head of ability insurance requ | EMPLOYER (Note: NOT Ind | d by Chaptonent for the 116 of the 1 | er 304 of the above named Acts of 2010. |
| SIGNED BY: Individual, Partner or DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia Please Check Below: APPROVED: | Authorized Corporate NUMBER: a possession (1) the ce ector and the head of ability insurance requ | EMPLOYER (Note: NOT Indestrificate requires the fire departried by Chapter | d by Chaptonent for the 116 of the 1 | er 304 of the above named Acts of 2010. |
| SIGNED BY: Individual, Partner or DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspel license and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED: | Authorized Corporate NUMBER: a possession (1) the ce ector and the head of ability insurance requ | EMPLOYER (Note: NOT Indestificate requires the fire department ired by Chapter LOCAL LICENS | d by Chaptonent for the 116 of the 1 | er 304 of the above named Acts of 2010. |
| SIGNED BY: Individual, Partner or DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia Please Check Below: APPROVED: | Authorized Corporate NUMBER: a possession (1) the ce ector and the head of ability insurance requ | EMPLOYER (Note: NOT Indestificate requires the fire department ired by Chapter LOCAL LICENS | d by Chaptonent for the 116 of the 1 | er 304 of the above named Acts of 2010. |
| SIGNED BY: Individual, Partner or DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspel license and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED: | Authorized Corporate NUMBER: a possession (1) the ce ector and the head of ability insurance requ | EMPLOYER (Note: NOT Indestificate requires the fire department ired by Chapter LOCAL LICENS | d by Chaptonent for the 116 of the 1 | er 304 of the above named Acts of 2010. |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 108600036 | | CITY OR TOWN | SCITUATE | E |
|--|--------------------------------|----------------------|-----------------------|-----------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 13 |
| | CLASS | | | YEAR |
| LICENSEE NAME: TOWN OF SO | CITUATE | | | |
| DOING BUSINESS A | | | | |
| ADDRESS 250 THE DRIFTWAY | | | | |
| CITY/TOWN: SCITUATE | STATE: MA | ZIP CODE: | 02066 | |
| MANAGER: MILLER, JAMES | TYPE OF LICENSE: Rest | aurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISIT O | OUR WEBSITE AND ENTER YOUR EM. | AIL ADDRESS | | |
| DESCRIPTION OF LICENSED PRI | | | | |
| ONE FLOOR CLUBHOUSE WITH ENTRANCES/EXIT LOCATED WI | | | ΓWO | |
| I hereby certify and swear under pena | alties of perjury that: | | | |
| 1. the renewed license will b | e of the same type for the s | same premises now | licensed; | |
| 2. the licensee has complied | with all laws of the Comm | onwealth relating to | taxes; and | |
| 3. the premises are now open | | • | | |
| | | | | |
| SIGNED BY: | | | | |
| Individual, Pa | rtner or Authorized Corpor | rate Officer | | |
| | | | | |
| | | | | |
| DATE: TELEPI | HONE NUMBER: | | | ION NUMBER: |
| | | (Note: NOT Ind | ividual Social So | ecurity Number) |
| We the undersigned, attest that we | e are in possession (1) the | certificate require | ed by Chapte | er 304 of the |
| Acts of 2004, signed by the buildin | g inspector and the head | of the fire departr | nent for the | above named |
| license and (2) the certificate of liq | luor liability insurance re | quired by Chapter | r 116 of the <i>A</i> | Acts of 2010. |
| Please Check Below: | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: | | By: | | |
| DISAPPROVED: | | | | |
| (If disapproved explain) | | | | |
| | | - | | |
| DATE: | | | | |
| | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 108600037 | (| CITY OR TOWN SCITU | JATE |
|---|---|---|-------------------|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FO | OR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: JKM SQ LLC | | | |
| DOING BUSINESS A RIVA RESTAU | JRANT | | |
| ADDRESS 116 FRONT STREET | | | |
| CITY/TOWN: SCITUATE | STATE: MA | ZIP CODE: 02060 | 5 |
| MANAGER: TONDORF, KARA T | YPE OF LICENSE: Resta | aurant CATEGO | RY: All Alcohol |
| EMAIL ADDRESS: | | | |
| DESCRIPTION OF LICENSED PREM 1678 SQ. FT. STOREFRONT RESTAL AND 400 SQUARE FT. PATIO. 17 SI I hereby certify and swear under penalti 1. the renewed license will be of the licensee has complied with the premises are now open for SIGNED BY: | URANT WITH 40 SEAT EATS IN PUB AREA es of perjury that: of the same type for the so ith all laws of the Commo | ame premises now licensed onwealth relating to taxes; in below) | 1; |
| DATE: TELEPHO | ONE NUMBER: | EMPLOYER IDENTI | FICATION NUMBER: |
| We the undersigned, attest that we a Acts of 2004, signed by the building i license and (2) the certificate of liquo | inspector and the head | of the fire department for | r the above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSING AU By: | UTHORITY |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | 1: 108600038 | | CITY OR TO | WN SCITUAT | E |
|--|----------------------|------------------------|--------------------|--|------------------|
| APPLICATION FOR | R RENEWAL: | Annual | LIC | CENSED FOR 2 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | SATUIT TAVER | N, INC. | | | |
| DOING BUSINESS | A SATUIT TAVE | RN | | | |
| ADDRESS 39 JERIO | CHO RD | | | | |
| CITY/TOWN: SCIT | ΓUATE | STATE: MA | ZIP CODE | E: 02066 | |
| MANAGER: MUL | VEE, JAMES TY | PE OF LICENSE: R | estaurant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | | VEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION OF 1 | | | CTODACE ADE | A CEDVING CO | ALINITED |
| ONE FLOOR, 48 SE AND TAKE OUT W | | WI; KITCHEN AND | STORAGE ARE | A, SERVING CO | JUNIER |
| | | | | | |
| I hereby certify and s | wear under nenaltie | s of periury that | | | |
| • | - | the same type for th | e same premises | now licensed; | |
| | | h all laws of the Com | | | |
| 3. the premis | ses are now open for | r business (If not exp | lain below) | | |
| | | | | | |
| SIGNED BY: | Individual Dama | r or Authorized Corp | namata Officiam | | |
| | marviduai, Partile | r or Authorized Corp | orate Officer | | |
| | | | | | |
| DATE: | TEL EPHOL | NE NUMBER: | EMPLO | OYER IDENTIFICA | TION NUMBER: |
| | TEEEI HOI | NE NOMBER. | (Note: <u>NO'</u> | $\underline{\Gamma}$ Individual Social S | Security Number) |
| We the undersigned | I attest that we ar | e in nossession (1) tl | he certificate rec | nuired by Chant | ter 304 of the |
| Acts of 2004, signed | by the building in | spector and the hea | nd of the fire dep | partment for the | above named |
| license and (2) the c | ertificate of liquor | · liability insurance | required by Cha | apter 116 of the | Acts of 2010. |
| Please Check Below: | | | LOCAL LIC | ENSING AUTH | ORITY |
| APPROVED: DISAPPROVED: | | | By: | | |
| (If disapproved expla | iin) | | | | |
| , and the state of | , | | | | |
| | | | | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 108600 | 0040 | CITY OR TOWN | SCITUATE |
|--|------------------------------|--|--|
| APPLICATION FOR RENE | WAL: And | nual LICEN | SED FOR 2013 |
| | CL | ASS | YEAR |
| LICENSEE NAME: JBNJ F | FOODS INC. | | |
| DOING BUSINESS A TEDI | ESCHI'S #359 | | |
| ADDRESS 337 GANNETT I | ROAD | | |
| CITY/TOWN: SCITUATE | STATE | MA ZIP CODE: | 02066 |
| MANAGER: GUILMET, E | RIAN TYPE OF LICE | NSE:Package Store CA | ATEGORY: Wine and Malt Regular |
| EMAIL ADDRESS: | | | |
| | SO VISIT OUR WEBSITE AND ENT | ER YOUR EMAIL ADDRESS | |
| DESCRIPTION OF LICENS | | | |
| ONE STORY, CONCRETE, EXIT | BLOCK BUILDING W | ITH ONE MAIN ENTRANC | CE AND ONE REAR |
| 2. the licensee has co | | e for the same premises now he Commonwealth relating to not explain below) | |
| SIGNED BY: Individ | lual, Partner or Authoriz | ed Corporate Officer | |
| | | | |
| DATE: | FELEPHONE NUMBER | ι. | t IDENTIFICATION NUMBER: ividual Social Security Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | ING AUTHORITY |
| DATE: | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUM | MBER: 108600045 | | CITY OR TOWN | SCITUATE | |
|-----------------------------|---------------------|---|------------------|-----------------|--------------------------|
| APPLICATION | N FOR RENEWAL: | Annual | LICEN | SED FOR 2013 | |
| | | CLASS | | YE | EAR |
| LICENSEE NA | AME: MFJ MARKET | Γ, INC. | | | |
| DOING BUSIN | NESS A THE VILLAG | GE MARKET | | | |
| ADDRESS 71 | FRONT STREET | | | | |
| CITY/TOWN: | SCITUATE | STATE: MA | ZIP CODE: | 02066 | |
| MANAGER: | MCINNIS, JAMES JR. | TYPE OF LICENSE:Pa | ackage Store CA | | Vine and Ialt Regular |
| EMAIL ADDR | RESS: | | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION | N OF LICENSED PRE | EMISES: | | | |
| | | NENTRANCE AND ON VING DOORS AND A | | | RONT |
| | = | with all laws of the Com for business (If not exp | _ | o taxes; and | |
| | Individual, Par | tner or Authorized Corp | orate Officer | | |
| | | | | | |
| DATE: | TELEPH | IONE NUMBER: | | LIDENTIFICATION | |
| Disease Charle Dale | | | | | |
| Please Check Belo APPROVED: | <u> </u> | | LOCAL LICENS By: | ING AUTHOR | ITY |
| DISAPPROVE | ED: | | By. | | |
| (If disapproved | l explain) | | | | |
| | | | | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 108600048 | | CITY OR TOWN | SCITUATI | Ε |
|--|---|---------------------|-----------------------------------|-------------|--------------------------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS | DANIEL & COLLE A THE WEINERY | EN WEINER | | | |
| ADDRESS 366 GAT | NNETT RD | | | | |
| CITY/TOWN: SCI | ΓUATE | STATE: MA | ZIP CODE: | 02066 | |
| MANAGER: WEI | NER, DANIEL TYPI | E OF LICENSE:P | ackage Store Ca | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEE | | EMAIL ADDRESS | | |
| | LICENSED PREMISI | | ACE A DECEDOOM | MAINI ENIT | DANCE |
| | ES AND OFFICE AN AND WIT ON SIDE (| | ACE, A RESTROOM | , MAIN EN I | KANCE |
| 2. the licens | red license will be of the ee has complied with a ses are now open for be | all laws of the Con | nmonwealth relating to | | |
| SIGNED BY: | Individual, Partner of | or Authorized Corp | oorate Officer | | |
| DATE: | TELEPHONE | E NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | TON NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain | nin) | | LOCAL LICENS By: | ING AUTHO | ORITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUM | IBER: 108600049 | (| CITY OR TOWN SCITUAT | E |
|----------------------------|-----------------------|--|--|--------------------------|
| APPLICATION | FOR RENEWAL: | Annual | LICENSED FOR 2 | 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | ME: SCITUATE R. | ACQUET & FITNESS, IN | C. | |
| DOING BUSIN | ESS A SCITUATE I | RACQUET & FITNESS | | |
| ADDRESS 100 | 4 CHIEF JUSTICE C | CUSHING HIG | | |
| CITY/TOWN: | SCITUATE | STATE: MA | ZIP CODE: 02066 | |
| | HORNE, CHRISTOPHER | TYPE OF LICENSE: Club | CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRI | ESS: | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER YOUR EMA | AIL ADDRESS | |
| DESCRIPTION | OF LICENSED PRE | EMISES: | | |
| KITCHEN/BAF & AEROBIC R | R, RESTROOMS, CH | IILD CLUB, TENNIS/SQU CENTER OFFICE. LIFT T | JB; 1S FLOOR; PRO SHOP, C JASH; 2ND FL WEIGHT, S TO 2ND FL., 2 EXITS FROM | PINNING |
| I hereby certify | and swear under pena | lties of perjury that: | | |
| 1. the re | enewed license will b | e of the same type for the s | ame premises now licensed; | |
| 2. the li | censee has complied | with all laws of the Commo | onwealth relating to taxes; and | |
| 3. the p | remises are now oper | n for business (If not explai | n below) | |
| SIGNED BY: | Individual, Par | rtner or Authorized Corpor | ate Officer | |
| | | | | |
| DATE: | TELEPI | HONE NUMBER: | EMPLOYER IDENTIFICA (Note: NOT Individual Social | |
| Acts of 2004, s | igned by the buildin | g inspector and the head | certificate required by Chap of the fire department for the quired by Chapter 116 of the | e above named |
| Please Check Below | <u>v:</u> | | LOCAL LICENSING AUTH | IORITY |
| APPROVED: | | | By: | |
| DISAPPROVEI | | | | |
| (If disapproved | expiaiii) | | | |
| | | | | |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 108600050 | | CITY OR TOWN | SCITUATI | Ξ |
|----------------------|-------------------|--------------------------------------|-----------------------|---|--------------------------|
| APPLICATION FO | OR RENEWAL: | Annual | LICEN | ISED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME | : MARILYN W | ARD HOWE | | | |
| DOING BUSINESS | S A SANDS EN | D CAFE' | | | |
| ADDRESS 14-14A | MARSHFIELD | AVENUE | | | |
| CITY/TOWN: SC | ITUATE | STATE: MA | ZIP CODE: | 02047 | |
| | RD HOWE, RILYN | TYPE OF LICENSE: | Cackage Store C | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS | : | | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | _ |
| DESCRIPTION OF | F LICENSED PR | EMISES: | | | |
| | OF BLDG; 2ND | EPARATED FROM RE DOOR IN RESTAURA | | | |
| I hereby certify and | swear under pen | alties of perjury that: | | | |
| - | _ | be of the same type for the | ne same premises now | licensed; | |
| 2. the licen | see has complied | with all laws of the Cor | nmonwealth relating t | to taxes; and | |
| 3. the prem | nises are now ope | n for business (If not ex | plain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Pa | artner or Authorized Cor | porate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEP | HONE NUMBER: | | | TION NUMBER: |
| | | | (Note: NOT Inc | dividual Social S | ecurity Number) |
| | | | | | |
| Please Check Below: | | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | , | |
| DISAPPROVED: | | | | | |
| (If disapproved exp | lain) | | | | |
| | | | | | |
| DATE: | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUM | BER: 108600051 | | CITY OR TOWN SCITUATI | L |
|-------------------------------|-----------------------------|------------------------|--|--------------------------|
| APPLICATION | FOR RENEWAL: | Annual | LICENSED FOR 20 | 013 |
| | | CLASS | | YEAR |
| LICENSEE NAM | ME: A HUMMAR CORP | | | |
| DOING BUSINI | ESS A SANDS END CAF | Е | | |
| ADDRESS 14 M | IARSHFIELD AVENUE | | | |
| CITY/TOWN: | SCITUATE | STATE: MA | ZIP CODE: 02047 | |
| | HOWE, MARILYN TYPE WARD | OF LICENSE: Rest | taurant CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRE | SSS: | | | |
| | PLEASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR EM | IAIL ADDRESS | _ |
| | OF LICENSED PREMISE | | | |
| | | | RANCE AND ENTRANCE TO BLE SERVICE ONLY. NO CO | UNTER |
| I hereby certify a | and swear under penalties o | f perjury that: | | |
| 1. the re | newed license will be of th | e same type for the | same premises now licensed; | |
| | • | | nonwealth relating to taxes; and | |
| 3. the pr | remises are now open for be | usiness (If not expla | in below) | |
| SIGNED BY: | Individual, Partner o | r Authorized Corpor | rate Officer | |
| | | | | |
| DATE: | TELEPHONE | NUMBER: | EMPLOYER IDENTIFICAT | ΓΙΟΝ NUMBER: |
| | | | (Note: NOT Individual Social S | Security Number) |
| Acts of 2004, si | gned by the building insp | ector and the head | certificate required by Chapt of the fire department for the equired by Chapter 116 of the | above named |
| Please Check Below | <u>:</u> | | LOCAL LICENSING AUTHO | ORITY |
| APPROVED: | | | By: | |
| DISAPPROVED (If disapproved e | | | <u></u> | |
| (11 disappioved e | Apialli) | | | |
| | | | | |
| DATE: | | | | |
| | | | | |



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 108600052 | CITY OR TOWN SCITUATE | | | | E |
|---------------------------------------|--|-----------------------|---------------------------------|---|---------------------|-------------|
| APPLICATION FOR | RENEWAL: | Annual | | LICEN | ISED FOR 20 | 013 |
| | | CLASS | | | | YEAR |
| DOING BUSINESS | | | | | | |
| ADDRESS 95 FRON | T STREET | | | | | |
| CITY/TOWN: SCIT | TUATE | STATE: MA | ZIF | CODE: | 02066 | |
| MANAGER: PRAT | TT, AARON J. TYPE | OF LICENSE: Re | staurant | C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| | PLEASE ALSO VISIT OUR WEBS | | MAIL ADDR | ESS | | |
| ONE STORY LOCA | LICENSED PREMISE TION, ONE DINING WAITSTAFF STATIO | ROOM, ONE BAI | | | | |
| • • | wear under penalties o | | | | | |
| | ed license will be of the | • • | • | | | |
| | ee has complied with a | | | • | to taxes; and | |
| 5. the premis | es are now open for bu | isiness (ii not expi | am belov | <i>N</i>) | | |
| SIGNED BY: | Individual, Partner o | r Authorized Corpo | orate Off | icer | | |
| | | | | | | |
| DATE: | TELEPHONE NUMBER: | | EMPLOYER IDENTIFICATION NUMBER: | | | |
| | | | | (Note: NOT Individual Social Security Number) | | |
| Acts of 2004, signed | l, attest that we are in by the building insper ertificate of liquor lia | ector and the head | d of the | fire depart | ment for the | above named |
| Please Check Below: | | | LOCA | AL LICEN | SING AUTH | ORITY |
| APPROVED: | | | By: | | | |
| DISAPPROVED: (If disapproved expla | in) | | | | | |
| · · · · · · · · · · · · · · · · · · · | , | | | | | |
| | | | | | | |
| DATE: | | | | | | |
| APPLICATION FOR RENEW | AL MUST BE FILED BY LICI | ENSEES DURING THE M | ONTH OF I | NOVEMBER (1 | M.G.L. Ch. 138 \$ 1 | 6A) |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 108600053 | | CITY OR TOWN SCITUATE | | | |
|---|---|---|--|--|--|
| APPLICATION FOR RENEWAL: | Annual CLASS | LICENSED FOR 2013 YEAR | | | |
| LICENSEE NAME: ORO RESTAU DOING BUSINESS A ORO ADDRESS 146 FRONT STREET | | ILAR | | | |
| CITY/TOWN: SCITUATE | STATE: MA | ZIP CODE: 02066 | | | |
| MANAGER: KING, JILL KATHERINE | ΓΥΡΕ OF LICENSE: Rest | taurant CATEGORY: All Alcohol | | | |
| EMAIL ADDRESS: | | | | | |
| PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOUR EM | IAIL ADDRESS | | | |
| DESCRIPTION OF LICENSED PRE | | | | | |
| 2100 SQ FT OF SPACE ON THE FIF STREET | RST FLOOR IN THE BU | IILDING LOCATED 146-164 FRONT | | | |
| 3. the premises are now open SIGNED BY: Individual, Part | with all laws of the Comm | nonwealth relating to taxes; and iin below) | | | |
| TELEPH | (Note: NOT Individual Social Security Number) | | | | |
| Acts of 2004, signed by the building | inspector and the head | e certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010. | | | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSING AUTHORITY By: | | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| (| CITY OR TOWN SCITUATE | | | |
|---|---|--|--|--|
| Annual | LICENSED FOR 2013 | | | |
| CLASS | YEAR | | | |
| ATE HARBOR INC. | | | | |
| JATE HARBOR | | | | |
| | | | | |
| STATE: MA | ZIP CODE: 02066 | | | |
| YPE OF LICENSE: Resta | urant CATEGORY: All Alcohol | | | |
| | | | | |
| WEBSITE AND ENTER YOUR EMA | IL ADDRESS | | | |
| | | | | |
| ED AS A RESTAURAN DE OF THE NORTH WI | T/BARSIX ENTRANCES/EXITS, NG, TWO FACING SOUTH ON THE | | | |
| es of perjury that: | | | | |
| of the same type for the sa | ame premises now licensed; | | | |
| | onwealth relating to taxes; and | | | |
| or business (If not explain | n below) | | | |
| ner or Authorized Corpora | ate Officer | | | |
| | | | | |
| ONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) | | | |
| inspector and the head o | certificate required by Chapter 304 of the of the fire department for the above named quired by Chapter 116 of the Acts of 2010. | | | |
| | LOCAL LICENSING AUTHORITY | | | |
| | By: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Annual CLASS ATE HARBOR INC. UATE HARBOR STATE: MA YPE OF LICENSE: Resta WEBSITE AND ENTER YOUR EMA MISES: NG SPACE(APPROX 25 ED AS A RESTAURAN DE OF THE NORTH WID DRTH ON THE EAST We dies of perjury that: of the same type for the sa eith all laws of the Common for business (If not explain DNE NUMBER: ONE NUMBER: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | C: 108600055 | | CITY OR TOV | VN SCITUATI | 2 |
|---------------------------------------|----------------------|----------------------------|---------------------------------|------------------|-----------------|
| APPLICATION FOR | R RENEWAL: | Annual | LIC | CENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | 17 NEW DRIF | ΓWAY, INC. | | | |
| DOING BUSINESS | A BACKYARD | BURGER BAR | | | |
| ADDRESS 17 NEW | DRIFTWAY, IN | IC. | | | |
| CITY/TOWN: SCI | TUATE | STATE: MA | ZIP CODE | : 02066 | |
| MANAGER: WIL | SON, JOAN | ΓΥΡΕ OF LICENSE:Re | staurant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OU | R WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF | LICENSED PRE | MISES: | | | |
| A 2,500 SQ FT FIRS EXIT AND ONE RE | | NG ROOM WITH ONE | FRONT ENTR | ANCE/EXIT, ON | NE LEFT |
| I hereby certify and s | swear under penal | ties of perjury that: | | | |
| 1. the renew | ed license will be | of the same type for the | same premises i | now licensed; | |
| 2. the license | ee has complied v | with all laws of the Com | monwealth relati | ng to taxes; and | |
| 3. the premi | ses are now open | for business (If not expl | ain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Par | tner or Authorized Corpo | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHONE NUMBER: | | EMPLOYER IDENTIFICATION NUMBER: | | |
| | | | (Note: NOT | | ecurity Number) |
| We the undersigned | d. attest that we | are in possession (1) th | e certificate red | wired by Chant | er 304 of the |
| Acts of 2004, signed | d by the building | inspector and the head | d of the fire dep | artment for the | above named |
| license and (2) the | certificate of liqu | or liability insurance r | required by Cha | pter 116 of the | Acts of 2010. |
| Please Check Below: | | | LOCAL LIC | ENSING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expla | ain) | | - | | |
| | | | | | |
| DATE | | | | | |
| DATE: | | | | | |